

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/57188
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4	1		1			
5		1		1		
6						
7		1		1		
8						
9		1		1		
10						
11		1		1		
12		3		3		
13		1	1			
14	1					
15		1		1		
16						
17	1		1			
18		1		1		
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20		1		1		
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50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	23	←		←
TOTAL CLAIMS			25			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						